Washington State Department of Social & Health Services
DASA Division of Alcohol & Substance Abuse

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)

DASA TARGET DATA ELEMENTS
Assessment/Admission Setup

STAFF IDENTIFICATION

AGENCY NUMBER

SECTION I: CLIENT IDENTIFICATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME

5. DATE OF BIRTH	6. SOCIAL SECURITY NUMBER *	7. GENDER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
		☐ Male ☐ Female	

9. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY)

☐ Cuban ☐ Mexican, Mexican American, Chicano ☐ Not Spanish/Hispanic/Latino ☐ Other Spanish/Hispanic/Latino ☐ Puerto Rican ☐ Refused to Answer

10. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)

☐ Asian Indian
☐ Black/African American
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Guamanian
☐ Hawaiian (Native)
☐ Japanese
☐ Korean
☐ Laotian
☐ Middle East
☐ Native American
☐ Other Asian
☐ Other Pacific Islander
☐ Other Race
☐ Refused to Answer
☐ Samoan
☐ Thai
☐ Vietnamese
☐ White/European American

Tribal Code (No. 1) _____

Tribal Code (No. 2) _____

SECTION II: ASSESSMENT SETUP

1. ASSESSMENT DATE

2. ASSESSMENT TIME : ☐ A.M. ☐ P.M.

3. ASSESSMENT TYPE (CHECK ONE)

☐ ADATSA Assessment
☐ Deferred Prosecution
☐ DUI/Dept. of Licensing
☐ Involuntary Commitment
☐ Other than the Above

4. ENTRY REFERRAL (CHECK ALL THAT APPLY)

☐ At Risk Youth (ARY/CHINS)
☐ Attorney
☐ BECCA Involved
☐ Court/Probation
☐ DCFS/CPS
☐ Department of Corrections (DOC)
☐ Department of Licensing (DOL)
☐ Detoxification Facility
☐ Diversion
☐ DSHS Community Services Office
☐ Employer/EAP
☐ First Steps or PPP Case
☐ Group Care
☐ Involuntary Commitment
☐ JRA
☐ Mental Health Provider
☐ Other Alcohol/Drug Facility
☐ Other Health Care Provider
☐ Police
☐ School/Education
☐ Self/Family
☐ Social Security Administration
☐ TASC
☐ Other: _____

5. CLIENT REGISTRY PARTICIPATION	6. STATUS DATE	7. REFERRING CSO/HCS	8. CSO REFERRAL DATE
☐ Permitted ☐ Refused ☐ Revoked			

SECTION III: ADMISSION SETUP

1. ADMISSION DATE	2. ADMISSION TIME	3. Is this an ADATSA admission?
	: ☐ A.M. ☐ P.M.	☐ Yes ☐ No

4. ENTRY REFERRAL (CHECK ALL THAT APPLY)

☐ ADATSA Assessment Center
☐ At Risk Youth (ARY/CHINS)
☐ Attorney
☐ BECCA Involved
☐ Court/Probation
☐ DCFS/CPS
☐ Department of Corrections (DOC)
☐ Department of Licensing (DOL)
☐ Detoxification Facility
☐ Diversion
☐ DSHS Community Services Office
☐ Employer/EAP
☐ First Steps or PPP Case
☐ Group Care
☐ Involuntary Commitment
☐ JRA
☐ Mental Health Provider
☐ Other Alcohol/Drug Facility
☐ Other Health Care Provider
☐ Police
☐ School/Education
☐ Self/Family
☐ Social Security Administration
☐ TASC

5. REFERRING AGENCY	6. REFERRING CSO/HCS	7. CLIENT REGISTRY PARTICIPATION	8. STATUS DATE
		☐ Permitted ☐ Refused ☐ Revoked	

* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

SECTION IV: CLIENT MILESTONES

A. LANGUAGE SKILLS

1. ENGLISH SPEAKING SKILLS
☐ Functional ☐ Interpretive Services Needed ☐ Unknown

2. ENGLISH READING SKILLS
☐ Functional ☐ Interpretive Services Needed ☐ Unknown

3. ☐ Uses Braille
☐ Uses Large Print English

4. PRIMARY LANGUAGE USED IN YOUR HOME IF OTHER THAN ENGLISH (CHECK ONE BOX ONLY)

☐ American Sign Language	☐ Finnish	☐ Indian (General)	☐ Mien	☐ Spanish
☐ Amharic	☐ French	☐ Italian	☐ Norwegian	☐ Tagalog
☐ Arabic	☐ German	☐ Japanese	☐ Other Language	☐ Thai
☐ Cambodian	☐ Greek	☐ Korean	☐ Polish	☐ Tigrigna
☐ Cantonese	☐ Gujarati	☐ Lakota Sioux	☐ Puyallup	☐ Ukrainian
☐ Chinese	☐ Hindi	☐ Laotian	☐ Romanian	☐ Unknown Language
☐ Czech	☐ Hmong	☐ Malay	☐ Russian	☐ Vietnamese
☐ Dutch	☐ Hungarian	☐ Mandarin	☐ Salish	☐ Yakama
☐ Farsi	☐ Ilocano	☐ Marathi	☐ Samoan	

B. FAMILY AND SOCIAL ARRANGEMENTS

1. RESIDENCY (CHECK ONE BOX ONLY)

☐ Controlled Environment	☐ Hospital/Other Institution	☐ Personal Residence
☐ Drug-Free Shared/Transitional Housing	☐ Jail/Prison	☐ Single Room Occupancy
☐ Foster/Group Home	☐ No Stable Arrangement	☐ Student Residence
☐ Homeless Shelter/Mission	☐ On the Street	☐ Transient Quarters

2. STREET ADDRESS	3. CITY	4. STATE	5. ZIP CODE

6. COUNTY	7. TELEPHONE NUMBER	8. EMERGENCY TELEPHONE NUMBER

9. NAME OF NEXT OF KIN AND RELATIONSHIP

10. MARITAL STATUS (CHECK ONE BOX ONLY)
☐ Divorced ☐ Married or Committed Relationship ☐ Never Married ☐ Separated ☐ Widowed

11. Are you satisfied with your current marriage or relationship status (ASI)? ☐ Yes ☐ No ☐ Indifferent

12. WHO ARE YOU LIVING WITH (CHECK ONE BOX)

☐ Alone	☐ Other Family Members with or without Child(ren)	☐ Roommates
☐ Child(ren) Alone		☐ Spouse/Partner Alone
☐ Foster parents/Group Home	☐ Parent(s)/Parent(s) with Child(ren)	☐ Spouse/Partner and Child(ren)
☐ Friends		

13. HOW DO YOU IDENTIFY YOUR SEXUAL ORIENTATION?
☐ Bisexual ☐ Choosing Not to Disclose ☐ Gay/Lesbian ☐ Heterosexual ☐ Questioning ☐ Transgender

14. Persons in household (including you): _____

15. a. Number of your children or siblings under 18 years living with you: _____ b. Under 12 years: _____

16. a. Number of your children or siblings under 18 years not living with you: _____ b. Under 12 years: _____

17. a. Number of other children under 18 years living with you: _____ b. Under 12 years: _____

18. In the last thirty days, have you had significant periods in which you have experienced serious problems getting along with (ASI):

	YES	NO		YES	NO		YES	NO
Mother	☐	☐	Spouse/Sexual Partner	☐	☐	Close Friends	☐	☐
Father	☐	☐	Children	☐	☐	Neighbors	☐	☐
Sister/Brother	☐	☐	Other Significant Family Member	☐	☐	Co-workers	☐	☐

NOTES

DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION

CLIENT NAME

SECTION IV: CLIENT MILESTONES (CONTINUED)

B. FAMILY AND SOCIAL ARRANGEMENTS (CONTINUED)

19. In the last 30 days (ASI):
How many times have you had serious conflicts with your family members: _____
How troubled or bothered have you been by family problems (ASI Scale Number): _____

20. How important to you now is treatment or counseling for these family problems (ASI Scale Number): _____

21. Is your current living environment conducive to recovery? ☐ Yes ☐ No

22. IF UNDER 18 YEARS, HOW MANY TIMES HAVE YOU RUN AWAY IN THE PAST YEAR?
☐ 0 times ☐ 2 times ☐ 4 times ☐ 6 to 10 times ☐ More than 20 times
☐ 1 time ☐ 3 times ☐ 5 times ☐ 11 to 20 times

23. Do you have a valid driver's license (ASI)? ☐ Yes ☐ No

24. Do you have an automobile available (ASI)? ☐ Yes ☐ No

C. EDUCATION

1. ACADEMIC/TRAINING ACHIEVEMENT (CHECK ONE BOX ONLY)
☐ AA Degree (Academic) ☐ No Degree ☐ Unknown
☐ AA Degree (Vocational) ☐ Post-Graduate Degree ☐ Vocational Training (Certificate)
☐ GED ☐ Undergraduate Degree ☐ Vocational Training (No Certificate)
☐ High School Diploma

2. YEARS OF EDUCATION

3. TYPE OF SCHOOL (CHECK ONE)
☐ Academic ☐ Not in School/NA ☐ Other/Alternative ☐ Vocational/Technical

4. In the last twelve months:
How many times have you been suspended from school: _____
How many schools have you been expelled from: _____

5. SCHOOL STATUS (CHECK ONE)
☐ Dropped Out ☐ Not Enrolled
☐ Expelled ☐ Part Time
☐ Full Time ☐ Suspended

D. EMPLOYMENT AND INCOME

1. EMPLOYMENT ACTIVITY (CHECK ONE BOX ONLY)
☐ Employed Full-Time ☐ Institutionalized ☐ Under Age Not in Workforce
☐ Employed Part-Time ☐ Military ☐ Unemployed Not Seeking Work
☐ Employed Temporary/On Call/Intermittent ☐ Not Working Due to Disability ☐ Unemployed Seeking Work
☐ Homemaker ☐ Retired

2. PRIMARY SOURCE OF INCOME OR SUPPORT (CHECK ONE BOX ONLY)
☐ Disability ☐ Other ☐ Social Security (SSA/SSDI)
☐ Family/Friend (most Youth fall here) ☐ Public Assistance ☐ Unemployment Compensation
☐ None ☐ Retirement Pension ☐ Wages/Salary

3. MONTHLY HOUSEHOLD INCOME (GROSS)

4. MONTHLY PERSONAL INCOME (GROSS)

5. In the last 30 days (ASI):
How many days were you paid for working: _____
How much money did you receive from employment: _____
How much money did you receive from illegal activities: _____

6. Are you a military veteran? ☐ Yes ☐ No

NOTES

DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

SECTION IV: CLIENT MILESTONES (CONTINUED)

E. PHYSICAL HEALTH

1. PREVIOUS MEDICAL TREATMENT – NOT PREVENTATIVE

In the last 30 days (ASI):

How many days have you experienced medical problems: _____

How troubled or bothered have you been by these medical problems (ASI Scale Number): _____

How important to you now is treatment for these medical problems (ASI Scale Number): _____

(FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.)

2. NUMBER OF PREVIOUS EMERGENCY ROOM VISITS	3. NUMBER OF PREVIOUS OUTPATIENT/CLINIC VISITS	4. NUMBER OF PREVIOUS HOSPITAL INPATIENT ADMISSIONS	5. NUMBER OF PREVIOUS HOSPITAL INPATIENT DAYS

6. HOW MANY TIMES HAVE YOU BEEN TESTED FOR STD IN THE LAST YEAR?	7. CURRENTLY UNDER CARE FOR INFECTIOUS DISEASE? ☐ Yes ☐ No ☐ In Need	8. HAVE YOU HAD A TRAUMATIC HEAD INJURY THAT RESULTED IN LOSS OF CONSCIOUSNESS? ☐ Yes ☐ No

9. CURRENTLY UNDER CARE FOR TRAUMATIC HEAD INJURY? ☐ Yes ☐ No ☐ In Need	10. CURRENTLY UNDER CARE FOR CONTINUING ILLNESS? ☐ Yes ☐ No ☐ In Need	11. CURRENTLY UNDER CARE FOR DENTAL? ☐ Yes ☐ No ☐ In Need

12. DISABILITY – MAJOR LIMITATIONS (CHECK ALL THAT APPLY)

☐ Cognitive Impairment ☐ Mental/Psychological ☐ Speech-Impaired
☐ Developmental ☐ Mobility ☐ Vision
☐ Hearing ☐ None
☐ Learning ☐ Other: _____

13. HAVE YOU EVER BEEN A VICTIM OF DOMESTIC VIOLENCE? ☐ Yes ☐ No ☐ Uncertain

14. ARE YOU CURRENTLY A VICTIM OF DOMESTIC VIOLENCE? ☐ Yes ☐ No ☐ Uncertain

F. PREGNANCY STATUS

1. ESTIMATED DUE DATE (MM/DD/YYYY)	2. HAS PRENATAL PROVIDER? ☐ Yes ☐ No	3. PREGNANCY END DATE (MM/DD/YYYY)

G. MENTAL/PSYCHOLOGICAL CONDITIONS

1. PREVIOUS MENTAL TREATMENT (FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.) (CHECK ONE BOX ONLY)

☐ No/NA ☐ Unknown ☐ With Hospitalization ☐ With Outpatient Treatment

2. DAYS HOSPITALIZED FOR MENTAL TREATMENT

3. **CURRENT PSYCHIATRIC EVALUATION** (CHECK ONE BOX ONLY)

☐ No Evaluation Made ☐ Psychiatric Evaluation Made, No Problem Found ☐ Re-evaluation Needed
☐ Problem Indicated, Referral Made ☐ Psychiatric Evaluation Made, Problem Diagnosed

4. Does anyone in your immediate family or current living situation have a diagnosed mental illness? ☐ Yes ☐ No

5. In the last 30 days (ASI):

How many days have you experienced psychological or emotional problems: _____

How troubled or bothered have you been by psychological or emotional problems (ASI Scale Number): _____

6. How important to you **now** is treatment for these psychological problems (ASI Scale Number): _____

7. CURRENTLY RECEIVING MENTAL HEALTH SERVICES? ☐ Yes ☐ No ☐ In Need	8. CURRENTLY ON PRESCRIBED PSYCHIATRIC MEDICATIONS? ☐ Yes ☐ No ☐ Unknown

NOTES

DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

SECTION IV: CLIENT MILESTONES (CONTINUED)

H. ARRESTS AND LEGAL ISSUES

1. PREVIOUS ARREST(S) (FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.) (CHECK ALL THAT APPLY)

☐ Crime(s) Unknown
☐ Domestic Violence
☐ Driving Under the Influence
☐ Drug Possession
☐ Drug Trafficking or Manufacturing
☐ Malicious Mischief or Disorderly Conduct
☐ None
☐ Other Public-Order Offenses
☐ Property Crimes
☐ Violent Crimes

2. How many times have you ever been charged with (report number for all checked choices on the line provided) (ASI) (NOTE: Adult offense only):

Arson _____ Forgery _____ Rape _____
Assault _____ Homicide _____ Robbery _____
Burglary _____ Other Criminal Offense _____ Shoplifting _____
Contempt of Court _____ Probation Violation _____ Weapons Offense _____
Drug Related Violations _____ Prostitution _____

3. CURRENT LEGAL INVOLVEMENT (CHECK ALL THAT APPLY)

☐ Awaiting Charges
☐ Awaiting Trial
☐ Child Custody Issue
☐ Convicted, Awaiting Sentence
☐ CPS Court Involved
☐ Diversion
☐ Drug Court - Adult
☐ Drug Court - Juvenile
☐ In DUI Deferred Prosecution Status
☐ In Other Supervised Program
☐ Incarcerated, Post-Conviction
☐ Incarcerated, Pre-Trial
☐ None
☐ On Probation or Parole
☐ On Trial
☐ Petitioning for DUI Deferred Prosecution

4. How many days in the past 30 days have you engaged in illegal activities for profit: _____ (ASI)
5. How serious do you feel your present legal problems are (ASI Scale Number): _____
6. How important to you now is counseling or referral for these legal problems (ASI Scale Number): _____

I. SUBSTANCE ABUSE

1. If administered a breath test, what were the results: _____
2. In the past 30 days (ASI):
   How much money would you say you spent on alcohol: $ _____
   How much money would you say you spent on drugs: $ _____
   How many days have you experienced alcohol problems: _____
   How troubled or bothered have you been by these alcohol problems (ASI Scale Number): _____
   How important to you now is treatment for these alcohol problems (ASI Scale Number): _____
   How many days have you experienced drug problems: _____
   How troubled or bothered have you been by these drug problems (ASI Scale Number): _____
   How important to you now is treatment for these drug problems (ASI Scale Number): _____
3. Does anyone in your immediate family or current living situation have an alcohol problem? ☐ Yes ☐ No
4. Does anyone in your immediate family or current living situation have a problem with drugs other than alcohol or tobacco? ☐ Yes ☐ No
5. Does anyone in your immediate family or current living situation have a gambling problem? ☐ Yes ☐ No

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DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

SECTION IV: CLIENT MILESTONES (CONTINUED)

J. SUBSTANCE USE HISTORY

KEY CODES

PST CODES	ADMINISTRATION CODES		FREQUENCY OF USE/PEAK USE PER MONTH	
Primary (1)	Inhalation (I)	Oral (O)	1 – No use	4 – 13 or more times
Secondary (2)	Injection (J)	Other (X)	2 – 1 to 3 times	5- Daily
Tertiary (3)	Intra nasal (N)	Smoking (S)	3 – 4 to 12 times	6 - Unknown

SUBSTANCES

SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)
1 Alcohol	☐ 1 ☐ 2 ☐ 3	10 Marijuana - Cannabis	☐ 1 ☐ 2 ☐ 3	16 Over the Counter	☐ 1 ☐ 2 ☐ 3
2 Amphetamines	☐ 1 ☐ 2 ☐ 3	11 Methamphetamine	☐ 1 ☐ 2 ☐ 3	17 Oxy/Hydro Codone	☐ 1 ☐ 2 ☐ 3
3 Barbiturates	☐ 1 ☐ 2 ☐ 3	12 No substance abuse	☐ 1 ☐ 2 ☐ 3	18 PCP	☐ 1 ☐ 2 ☐ 3
4 Benzodiazepines	☐ 1 ☐ 2 ☐ 3	13 Other:		19 Prescribed Opiate Substitute	☐ 1 ☐ 2 ☐ 3
5 Cocaine	☐ 1 ☐ 2 ☐ 3		☐ 1 ☐ 2 ☐ 3	20 Substance Unknown	☐ 1 ☐ 2 ☐ 3
6 Hallucinogens	☐ 1 ☐ 2 ☐ 3	14 Other Sedatives or Hypnotics	☐ 1 ☐ 2 ☐ 3	21 Tobacco products (can not be primary)	☐ 1 ☐ 2 ☐ 3
7 Heroin	☐ 1 ☐ 2 ☐ 3	15 Other Opiates and Synthetics	☐ 1 ☐ 2 ☐ 3		
8 Inhalants	☐ 1 ☐ 2 ☐ 3				
9 Major tranquilizers	☐ 1 ☐ 2 ☐ 3				

1. IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES.

PST	SUBSTANCE (CODE)	ADMIN (CODE)	AGE OF FIRST USE	FREQUENCY OF USE IN LAST 30 DAYS (CODE)	PEAK USE PER MONTH IN LAST YEAR (CODE)	DATE LAST USED	AMOUNT TAKEN/COMMENTS
1							
2							
3							

2. User defined option:

3. CURRENT STAGE OF USE

☐ Chemically Dependent (Addicted) ☐ Abuse ☐ Experimental Use ☐ No Significant Problem ☐ In Recovery

4. POLY SUBSTANCE USE ☐ Yes ☐ No

5. Have you ever used needles to illicitly inject drugs? ☐ Continuously ☐ Intermittently ☐ Rarely ☐ Never

6. Inject drugs in the last 30 days? ☐ Yes ☐ No **This option for abort discharge ONLY:** ☐ **Unknown**

7. Currently smoke cigarettes? ☐ Yes ☐ No
   Ever tried to quit smoking? ☐ Yes ☐ No
   Want to quit smoking now? ☐ Yes ☐ No

8. Specify client's drug of choice:

NOTES

DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

SECTION V: CLIENT REFERRALS, MODALITY, AND FUNDING

Complete the section that corresponds to the client's assessment or admission. Note: If this is for an ADATSA Assessment, do not use this form instead continue with the DSHS 04-433(X), ADATSA Assessment Addendum.

☐ **A. ASSESSMENT COMPLETION (NON-ADATSA)**

REFERRALS

1. FORWARD REFERRAL (CHECK ALL THAT APPLY)

☐ ADATSA Assessment Center
☐ Alcohol/Drug Information School
☐ ATR Services
☐ CD Involuntary Commitment
☐ Detoxification
☐ Gambling Treatment
☐ Medical/Dental Services
☐ Mental Health Services
☐ No Referral
☐ Non-ADATSA Treatment
☐ Other (specify):
☐ Self-Help Group

2. RECOMMENDED ASAM PLACEMENT LEVEL

3. Did you suggest client apply for DSHS Public Assistance? ☐ Yes ☐ No

FUNDING SOURCE

1. SPECIAL PROJECT STATE	2. SPECIAL PROJECT COUNTY	3. SPECIAL PROJECT AGENCY

4. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

☐ ADATSA
☐ Applicant
☐ General Assistance – Presumptive Disability (GAX)
☐ General Assistance – Unemployable (GAU)
☐ Medical Assistance Only
☐ None
☐ Refugee Assistance
☐ Supplemental Security Income (SSI; S01)
☐ Temporary Assistance for Needy Families (TANF)

5. CONTRACT (CHECK ONE BOX ONLY)

☐ ADATSA
☐ Adult Outpatient
☐ Adult Residential
☐ ATR – Access to Recovery
☐ CDDA (COMM)
☐ CDDA (LS)
☐ Criminal Justice (CJ)
☐ Criminal Justice – Innovation
☐ DOC - COM
☐ DOC - Jail
☐ Gov2Gov (Non XIX)
☐ Indian Health Services (IHS)
☐ Molina – Managed Care
☐ Other/None
☐ Pregnant/Parenting
☐ TANF (ESA)
☐ Tribe MOA (Title XIX)
☐ Youth Treatment
☐ WASBIRT

6. FUND SOURCE (CHECK ONE BOX ONLY)

☐ Agency Funded
☐ County Community Services
☐ Federal Direct
☐ Other
☐ Private Pay
☐ State Direct
☐ State DSHS (Non DASA)
☐ State Non DSHS
☐ Tribal Community Services

7. TITLE XIX FUNDED ☐ Yes ☐ No	8. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)	9. ASSESSMENT STAFF ID	10. CASE MONITOR (IF DIFFERENT)	11. ASSESSMENT DURATION HOURS MINUTES

12. COURT ORDERED ☐ Yes ☐ No	13. DOC CONSENT DATE	14. STATUTORY MAX DATE

INTERVIEWER'S SIGNATURE	DATE

NOTES

DASA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ **Assess** ☐ **Admit** ☐ **Discharge**

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

☐ B. ADMISSION COMPLETION

1. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

☐ ADATSA
☐ Applicant
☐ General Assistance – Presumptive Disability (GAX)
☐ General Assistance – Unemployable (GAU)
☐ Medical Assistance Only
☐ None
☐ Refugee Assistance
☐ Supplemental Security Income (SSI)
☐ Temporary Assistance for Needy Families (TANF)

2. MODALITY (CHECK ONE BOX ONLY)

☐ Detoxification
☐ Group Care Enhancement
☐ Intensive Inpatient
☐ Intensive Outpatient
☐ Long-Term Residential
☐ Methadone/Opiate Substitution Treatment
☐ COD Outpatient
☐ Outpatient
☐ Recovery House
☐ Transitional Housing

3. CONTRACT (CHECK ONE BOX ONLY)

☐ ADATSA
☐ Adult Outpatient
☐ Adult Residential
☐ ATR – Access to Recovery
☐ CDDA (COMM)
☐ CDDA (LS)
☐ Criminal Justice (CJ)
☐ Criminal Justice – Innovation
☐ DOC - COM
☐ DOC - Jail
☐ Gov2Gov (Non XIX)
☐ Indian Health Services (IHS)
☐ Molina – Managed Care
☐ Other/None
☐ Pregnant/Parenting
☐ TANF (ESA)
☐ Tribe MOA (Title XIX)
☐ Youth Treatment
☐ WASBIRT

4. FUND SOURCE (CHECK ONE BOX ONLY)

☐ Agency Funded
☐ County Community Services
☐ Federal Direct
☐ Other
☐ Private Pay
☐ State Direct
☐ State DSHS (Non DASA)
☐ State Non DSHS
☐ Tribal Community Services

5. CO-OCCURRING DISORDER CONTRACT CLIENT?	6. TITLE XIX FUNDED	7. RECOMMENDED ASAM PLACEMENT LEVEL
☐ Yes ☐ No	☐ Yes ☐ No	

8. SPECIAL PROJECT STATE	9. SPECIAL PROJECT COUNTY	10. SPECIAL PROJECT AGENCY

11. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)	12. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY)
	☐ No Insurance Payment ☐ 50% or greater ☐ Less than 50%

13. FEE STATUS (CHECK ONE BOX ONLY)

☐ Client Will Pay No Fee ☐ Client Will Pay Full Fee ☐ Client Will Pay Partial Fee

14. ADMISSION STAFF ID	15. COUNSELOR STAFF ID	16. ADMISSION DURATION HOURS MINUTES

17. COURT ORDERED	18. DOC CONSENT DATE	19. STATUTORY MAX DATE
☐ Yes ☐ No		

20. INTERVIEWER'S SIGNATURE	21. DATE

NOTES